MULTIPLE DEPENDENT CLAIM FEE CALCULAT SHEET (FOR USE WITH FORM PTO-875)

1075239

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1"AMENDMENT		AFTER 2 MAMENDMENT			AS FILED		AFTER 1 AMENDMENT		AFTER 2 MANENDMENT	
t	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1							51						
2		1					52 53						
3		-					54						
4						 	55		ļ				┼
5				 		 	56				1		
7							57					` '	1
8		-		1		1	58						1
9		1	1				59						
10		Ą					60						
11		1					61		ļ:		ļ	<u> </u>	-
12		3		<u> </u>	!		62		ļ]	<u> </u>
13		<u> </u>		ļ	!	ļ	63		 	 	 	 	-}
14		<u> </u>		 			64 -		 	 		!	
15		 	!	 	1		66		-		 	<u> </u>	
16		1	1			 	67		 		 		+-
17	 	 			 		68			 	 		+
18	 -	+ :-		+	}	+	69		 	1	 	t	1
19 20	 	+ ;			1	1	.70		1				1
21	 	1 :	1	1		1	71						
22	 	1 2	1	1	1		72						
23	 	1 ;	1		1		73						
24		1					74			<u> </u>		<u> </u>	
25		1					75			<u>.</u>		1	
26							76		1	 		1	
27					1	_	77	}	_	-		1	
28							78	 	-			1	
29	1				 		79 . 80	 	 	1	+		
30	 	-					81	1	+	1			+-
31	ļ. —	 				 	82	1	1	1		1	
32	 		-	 			83	! —					
33		+	-		1		84		1				
34 35		+		_	1-		85						
36		-					86						
37	1						87						
38_	1						88						
39	1 -						89	 	-	1	_		
40							90	1			+		
41						_	91	1		-}		-	
42					1-		92	-	+				_
43						-	93	1-	+			1	
44_	<u> </u>		_}-		- 		95	+-	+-	1	-	1	
45	 		 		-1		96	1		1			
46			-				97	1					
47	 				-[98	1					
48 49	-	_	-	_	_		99						
50	- 		1	_			100						
TOTALE	(D. 3)	1		1		4	TOTAL	D.					
TOTAL D				43		4	TOTALD		4=		4a		- Jacobski
TOTAL	. 25		E		建		TOTAL CLAIM			E			
CLAIM	د به ۱ د	1900446	**	- I stress sage						PARTMENT	of COMMER	CE	